

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 - 0 3

2. STATE:

Washington, DC

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42. CFR 435.236

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 1.80 million

b. FFY 2003 \$ 4.89 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2A pp. 11,19

Supplement to Attachment 2.6A p.3a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 2.2A pp. 11,19

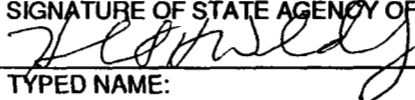
10. SUBJECT OF AMENDMENT:

Income Eligibility Modification for Long Term Care

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Herbert H. Weldon, Jr.

14. TITLE:

Senior Deputy Director for Health Care Finance

15. DATE SUBMITTED:

16. RETURN TO:

Herbert H. Weldon, Jr.

Senior Deputy Director for Health Care Finance

825 North Capitol Street, NE

Suite 5135

Washington, D.C. 20002

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

July 10, 2002

18. DATE APPROVED: SEP 04 2002

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Claude H. V. Campbell

22. TITLE:

Assoc. Regional Admin, CMS/Region

23. REMARKS:

State: District of Columbia

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the  
Medically Needy (Continued)

- 42 CFR 435.217      3.      The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)
4.      ☒ A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

State: District of Columbia

Agency	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.231 1902(a)(10) (A)(ii)(V) of the Act	___ 12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> .
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\_\_\_ The State covers all  
individuals as described  
above.

X The State covers only  
the following group or  
groups of individuals:

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act

<u>X</u>	Aged
<u>X</u>	Blind
<u>X</u>	Disabled
___	Individuals under the
___	21
___	20
___	19
___	18
___	Caretaker relatives
___	Pregnant women

age of--

Revision: HCFA-PM-91-  
October 1991

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A  
Page 3A  
OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: District of Columbia

OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO THE SUPPLEMENTAL  
SECURITY INCOME (SSI) FEDERAL BENEFIT RATE

1. Individuals in institutions who are eligible under a special income level (42 CFR 435.236)

X

The State allows eligibility for individuals with income that does not exceed 300 percent of the SSI Federal benefit rate.

\_\_\_\_\_ The State has elected to allow eligibility for individuals with income at an amount lower than 300 percent of the SSI Federal benefit rate.

Effective Date:

Amount

\_\_\_\_\_ \$ \_\_\_\_\_

TN No. 02-03

Supersedes

TN No. 91-9

Approval Date

SEP 04 2002

Effective Date

JUL 01 2002